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addressed to: Commissioner for Patents, at facsimile number 703 872 9306

Beth Pearson-Naul

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Estes et al.

Group Art Unit: 2878

SERIAL NO.: 10/771,675

§ Examiner:

FILED:

February -04-2004

.

TITLE: "Measurement-While-Drilling

999

Assembly Using Real-Time

Confirmation No.: 4037

Assembly Using Real-Time §
Toolface Oriented Measurements" §

Atty Docket No.: 414-29494-USCP

PRELIMINARY AMENDMENT

Before any substantive action on this application, please amend the application as indicated. Amendments to the claims start on page 2 of this document.

09/14/2004 AJOHNSO1 00000001 020429 10771675

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414-29494USCP

٠,, Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [SMALL ENTITY OR **TOTAL CLAIMS** 8RATE FEE RATE FEE **FOR** NUMBER FILED BASIC FEE NUMBER EXTRA 385.00 BASIC FEE 770.00 TOTAL CHARGEABLE CLAIMS minus 20= XS 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = 9-X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT ÷145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY (Column 1) OR **SMALL ENTITY** (Column 2) (Column 3) CLAIMS HIGHEST ⋖ ADDI-ADDI-REMAINING NUMBER **PRESENT** AMENDMENT AFTER RATE TIONAL **PREVIOUSLY** RATE **TIONAL EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus XS 9= X\$18= クコ OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 ADDI-ADDI-REMAINING NUMBER **PRESENT** AMENDMENT AFTER RATE TIONAL **PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST Ç REMAINING ADDI-ADDI-NUMBER PRESENT AMENDMENT **AFTER** PREVIOUSLY RATE TIONAL RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus • X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290=

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

TOTAL

TOTAL

ADDIT. FEE